

Valuing Nonfatal Cancer Risks in Cost-Benefit Analyses

Public Meeting
October 29, 2020



Purpose

Present approaches to value nonfatal cancer risks for use in cost-benefit analyses

Logistics and Ground Rules



Category 3 Public
Meeting



Questions and
discussion are
encouraged



Please identify yourself and the organization
you represent (if any) before speaking

Agenda



Background



Approaches to Health Risks
Valuation



Federal Agency Practices



NRC Proposed Approach for
Nonfatal Health Risks



Next Steps

Background



NRC conducts regulatory analyses for Commission decisionmaking



Health detriments from radiation exposure are valued using a dollar per person-rem conversion factor



NUREG-1530 provides the dollar per person-rem conversion factor



In the SRM to SECY-12-0110, the Commission approved the staff's plan, which included updating NUREG-1530

Dollar per Person-Rem Conversion Factor

- Dollar per person-rem conversion factor is used in cost-benefit analyses to determine the monetary valuation of the consequences associated with radiological exposure
- Dollar per person-rem is the product of
 - value of a statistical life (VSL)
 - probability for stochastic health effects per radiological dose

$$\text{dollar per person-rem} = \text{value of a statistical life (\$)} \times \text{nominal risk coefficient (per rem)}$$

NUREG-1530, Revision 1



In revising the NUREG, the staff is proposing to change its method for valuing radiological exposure



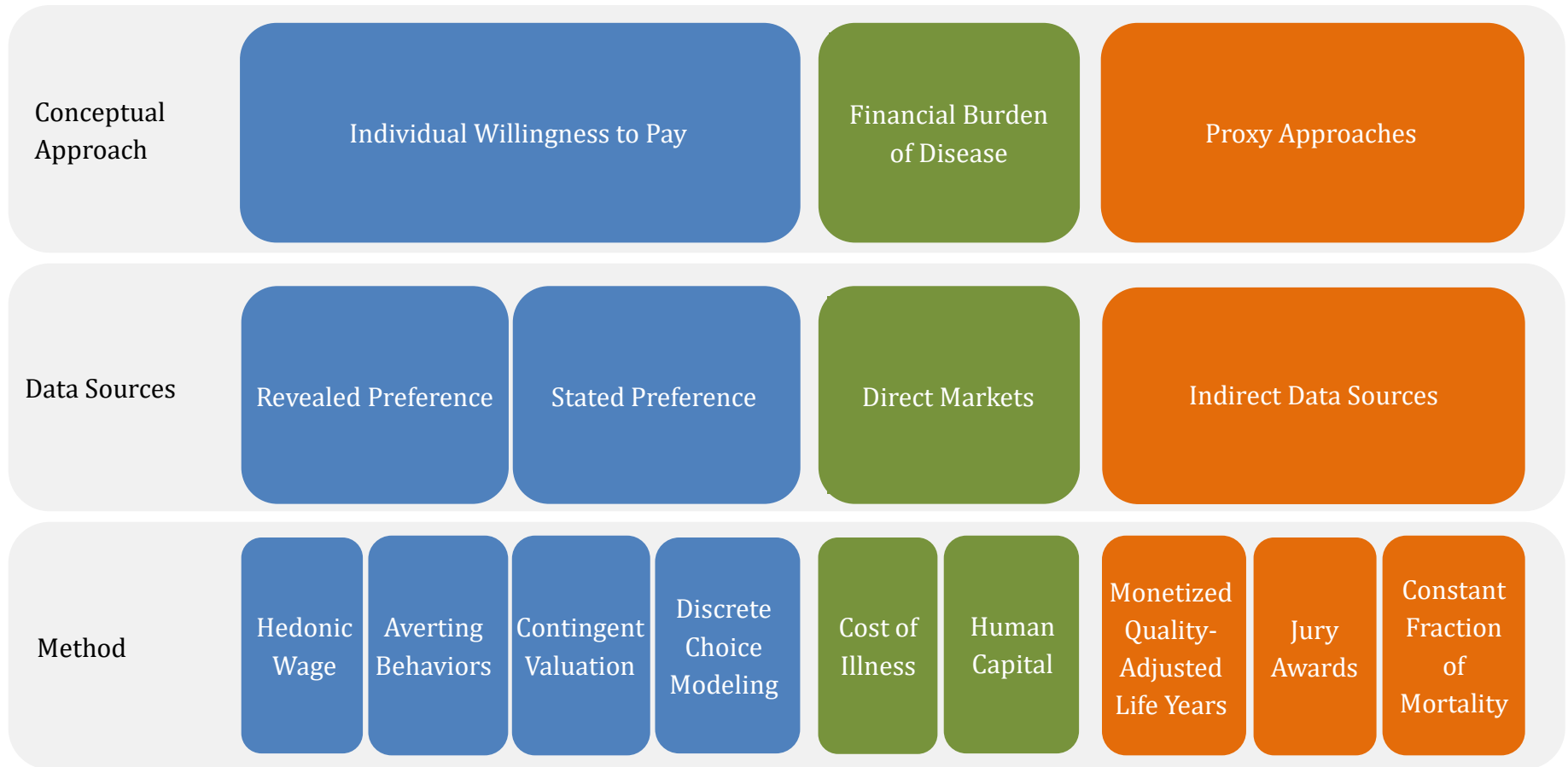
Incorporates a revised method for valuing cancer mortality



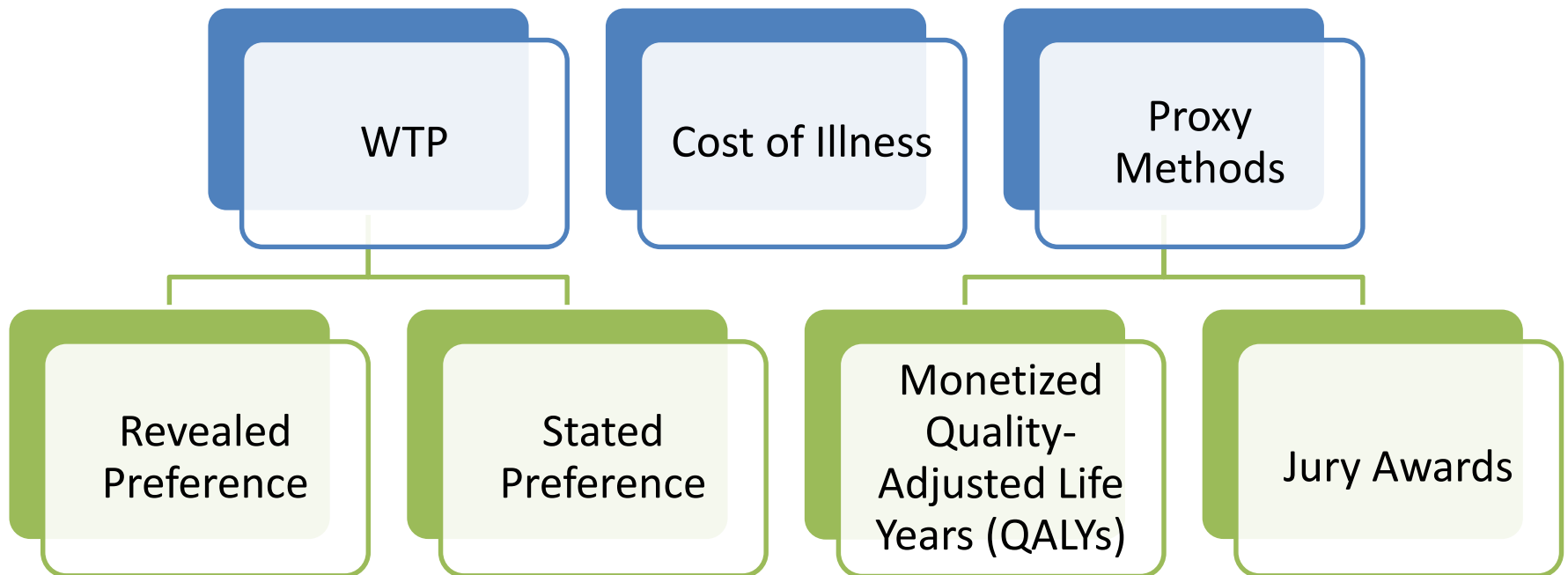
An approach for valuing nonfatal cancer risk is not included

Approaches to Health Risks Valuation

Approaches to Valuation



Approaches to Valuation (cont.)



OMB Circular A-4, Regulatory Analysis

Willingness to pay (WTP) is the most appropriate measure for monetizing health benefits

Office of Management and Budget (OMB) recommends using alternative approaches (e.g., health utility studies) when WTP data is not available

Willingness to Pay

The rate at which individuals would spend their own money for small changes in their nonfatal cancer risk within a defined time

Revealed Preference

Utilize individual's choices in real markets

- Hedonic wage
- Averting behaviors

Advantages

- Based on market data and observable choices that individuals make

Disadvantages

- Assumes individuals are risk-aware
- Limited data

Stated Preference

Usually involves surveying individuals about the value they place on a good or service in a hypothetical market

Advantages of surveys

- Used to analyze the specific risk of concern
- Provides detailed information about the health risks they are valuing
- May include questions to gauge the understanding of the information

Disadvantages of surveys

- Participants have less incentive to carefully consider their choices
- Subject to biases (e.g. warm glow effect, protest responses)

Cost-of-Illness

Estimates the financial burden of a disease on an individual and society

Cost Components

- Direct costs of medical treatment
- Indirect costs due to lost productivity and lost income
- Indirect opportunity costs such as lost leisure time

Advantages

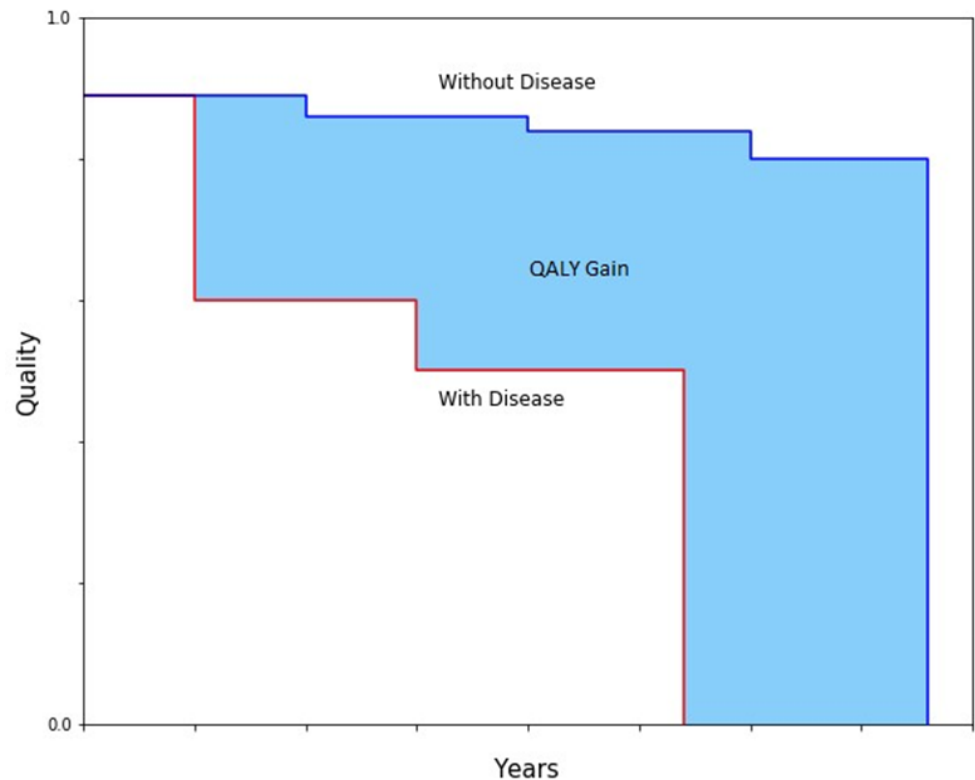
- Cost components based on market data
- Relatively easy to explain and understand

Disadvantages

- Does not capture pain and suffering
- May greatly underestimate WTP

Quality-Adjusted Life Years

- A summary measure of a health outcome including both the years and quality of life
- Used extensively in cost-effectiveness analysis of medical interventions
- Health index
 - 1 = ideal health
 - 0 = death



Quality-Adjusted Life Years (cont.)

QALY monetization is typically done by dividing the VSL by remaining life expectancy

Output is value of statistical life year (VSLY)

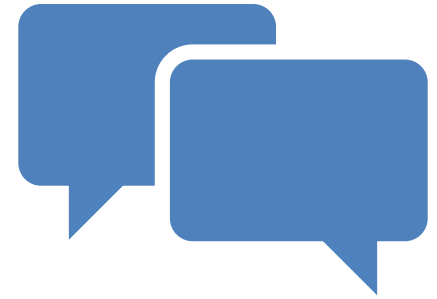
Advantage

- QALY values exist for a vast number of illnesses

Disadvantage

- Methods used to develop QALYs are proxy methods that are not based on direct value elicitation

Open Discussion



Federal Agency Practices

Federal Agency Practices

- NRC reviewed available Federal-wide guidance and rulemakings that valued nonfatal health effects
- Agencies reviewed
 - Environmental Protection Agency (EPA)
 - Department of Health and Human Services (HHS)
 - Food and Drug Administration (FDA)
 - Department of Transportation (DOT)
 - Department of Labor (DOL)
 - Department of Agriculture (USDA)



Environmental Protection Agency

The EPA published “Guidelines for Preparing Economic Analyses,” in 2010, providing an overarching framework for economic analyses

Discusses different approaches to health valuation

Benefits transfer of existing WTP values is the preferred approach

Example of the Environmental Protection Agency's Analyses

- “Arsenic in Drinking Water Rule Economic Analysis” (2000)
 - Used benefits transfer of WTP estimate to avoid chronic bronchitis as a surrogate for bladder cancer
 - WTP estimate is based on 1996 study of nonfatal lymphoma risks (Magat et al., 1996)

Health and Human Services Guidelines

- “Guidelines for Regulatory Impact Analysis”
 - WTP is the preferred method
 - Monetized QALYs is a proxy if WTP estimates are unavailable
- The Guidelines provide detailed guidance on the application of monetized QALYs

Food and Drug Administration Recent Analysis

- “Smokeless Tobacco” Proposed Rule used a monetized QALY approach to value changes in oral cancer risks
- Estimated the present discounted value of QALYs gained for an individual 62 years old (median age of diagnosis)
- Assumed for a case of oral cancer:
 - Upon diagnosis, assign a health-related quality of life (HRQL) of 0.68 for first year during treatment
 - Recurrence risk within 5 years of diagnosis is 19.1% with an HRQL of 0.68
 - For cancer patients who remain cancer free for 5 years, the HRQL is 0.75

Food and Drug Administration Recent Analysis (cont.)

- For the baseline case, age-specific HRQL weights are assigned in each year of life between 62 and 100.
- The QALY is monetized by dividing VSL by the present discounted QALYs remaining for an individual 40 years in age and averaged across gender.

Mean HRQL Scores (EQ-5D US)		
Age	Male	Female
20 - 29	0.928	0.913
30 - 39	0.918	0.893
40 - 49	0.887	0.863
50 - 59	0.861	0.837
60 - 69	0.84	0.811
70 - 79	0.802	0.771
80 - 89	0.782	0.724

Scores taken from Hanmer et al 2006.

Department of Labor Examples

- Two recent final rules monetized benefits of decreased cancer risks:
 - Occupational Exposure to Respirable Crystalline Silica
 - Occupational Exposure to Beryllium
- Used the WTP approach and provided low and high estimates for valuation
 - Low value: value of statistical injury derived from an analysis of hedonic wage studies
 - High value: WTP to avoid non-fatal lymphoma as a fraction of VSL
 - Did not designate a “best” estimate

Department of Agriculture Practice

- Within the USDA, the Economic Research Service publishes and maintains costs of foodborne illnesses for 15 major pathogens
- Cost estimates
 - Medical costs due to inpatient and outpatient care
 - Opportunity costs of lost workdays
- The WTP to avoid pain and suffering associated with nonfatal illness risks is not monetized:
 - Lack of suitable WTP estimates
 - Cited two National Academy of Science committee and EPA Science Advisory Board recommendations against monetizing QALYs

Department of Transportation

- DOT publishes crash injury costs by severity on the Maximum Abbreviated Injury Scale (MAIS)
- DOT establishes relative disutility factors, which represent a fraction of VSL, for non-fatal injury levels

Relative Disutility Factors by Injury Severity

MAIS Level	Severity	Fraction of VSL
MAIS 1	Minor	0.003
MAIS 2	Moderate	0.047
MAIS 3	Serious	0.105
MAIS 4	Severe	0.266
MAIS 5	Critical	0.593
MAIS 6	Unsurvivable	1.000

Conclusion

- The general consensus is that WTP is the best method to value morbidity risks; however, there is limited applicable WTP data
- Two approaches have been recently applied by Federal agencies for valuing cancer morbidity
 - EPA/Occupational Safety and Health Administration– benefits transfer of a WTP estimate
 - HHS (FDA)–monetized QALYs

NRC

Proposed Approach for Nonfatal Cancer Risks

Considerations

- The application of WTP estimates is the preferred method for monetizing changes in health risks
- However, in absence of available estimates, OMB allows the use of proxy measures such as health utilities
- The literature review revealed a single reference for nonfatal cancer risks that used the WTP approach to value only one cancer type (lymphoma)

Considerations (cont.)

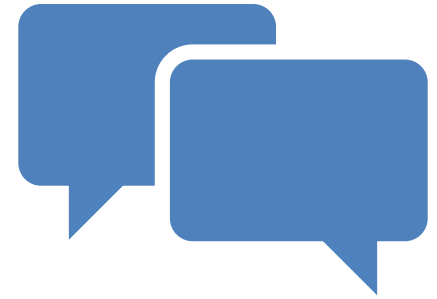
- Exposure of a population to radiation can induce other types of health effects (e.g., leukemia, multiple myeloma, thyroid cancer, breast cancer, lung cancer)
- Other Federal agencies have successfully applied the QALY approach in the absence of WTP data
- Sufficient data sources are available to address morbidity effects using a monetized QALY approach

Proposed Approach

- Estimate the value per statistical cancer using a monetized QALY approach that makes use of existing HRQL values
- Apply these value estimates to the nonfatal portion of the EPA's cancer incidence risk coefficient



Open Discussion



Next Steps



Incorporate, as appropriate, feedback from this public meeting



Develop estimates of nonfatal cancer risk values as an appendix to NUREG/BR-0058, Revision 5



Issue the appendix for public comment/public meeting



Consider public comments and finalize the appendix



Brief the Advisory Committee on Reactor Safeguards on final appendix

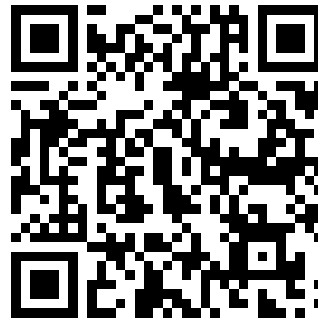


Submit final appendix to Commission for review and approval

How Did We Do?

There are several ways you can provide your feedback on this meeting:

- Scan QR code for NRC Public Meeting Feedback Form-
Meeting ID # 20201083



- Go to the [Public Meeting Schedule](#) and click on the “Meeting Feedback” link.

Backup Slides

References

EPA, 2000. "Arsenic in Drinking Water Rule Economic Analysis."

EPA, 2010. "Guidelines for Preparing Economic Analyses." National Center for Environmental Economics.

FDA, 2017. "Tobacco Product Standard for N-Nitrosornicotine Level in Finished Smokeless Tobacco Products." Federal Register, 82 FR 8004, January 23, 2017.

Hanmer, J., Lawrence, et. al., 2006. "Report of Nationally Representative Values for the Noninstitutionalized U.S. Adult Population for 7 Health-related Quality of Life Scores." Med Decision Making, Vol. 26, Issue 4, pp. 391-400.

HHS, 2016. "Guidelines for Regulatory Impact Analysis." Office of the Assistant Secretary for Planning and Evaluation.

Magat, W.A., Viscusi, W.K., and Huber, J., 1996. "A Reference Lottery Metric for Valuing Health." Management Science, Vol. 42, No. 8, pp. 1118–1130.

NRC, 1995. NUREG-1530, "Reassessment of NRC's Dollar Per Person-Rem Conversion Factor Policy." Available at ML063470485.

NRC, 2013. SRM-SECY-12-0110, "Consideration of Economic Consequences in the NRC's Regulatory Framework." Available at ML13079A055.

NRC, 2017. SECY-17-0017, "Proposed Revision to NUREG-1530, 'Reassessment of the NRC's Dollar per Person-Rem Conversion Factor Policy.'" Available at ML16147A293 (package).

NRC, 2020. "Valuing Morbidity White Paper." Available at ML20058C225.

Acronyms

DOL

Department of
Labor

DOT

Department of
Transportation

EPA

Environmental
Protection Agency

FDA

Food and Drug
Administration

HHS

Department of
Health and Human
Services

HRQL

health-related
quality of life

MAIS

Maximum
Abbreviated Injury
Scale

NRC

Nuclear Regulatory
Commission

OMB

Office of
Management and
Budget

QALY

quality-adjusted
life year

SRM

staff requirements
memoranda

USDA

United States
Department of
Agriculture

VSL

value of a
statistical life

VSLY

value of a
statistical life year

WTP

willingness to pay

Willingness to Pay

- X represents an individual's initial wealth and nonfatal cancer risk (morbidity)
- Rate of tradeoff, represented by the slope of the line, is called the WTP.
- $WTP = \frac{dw}{dp} \sim \frac{\Delta w}{\Delta p}$, for small changes in risk

